

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SECRETED PROTEINS OF MYCOBACTERIUM TUBERCULOSIS AND THEIR USE AS VACCINES AND DIAGNOSTIC REAGENTS, the specification of which:

- is attached hereto.
 was filed on _____ as Application Serial No. _____ and was amended on _____.
 was described and claimed in PCT International Application No. PCT/US00/12197 filed on May 4, 2000 and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/132,479	May 4, 1999	Pending
60/132,503	May 4, 1999	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

William J. Hone, Reg. No. 26,739	Frederick Rabin, Reg. No. 24,488
Richard P. Ferrara, Reg. No. 30,632	Stuart Macphail, Ph.D., Reg. No. 44,217
Mark S. Ellinger, Reg. No. 34,812	Charles J. Boudreau, Reg. No. 42,350
J. Peter Fasse, Reg. No. 32, 983	Janis K. Fraser, Reg. No. 34,819
Anita Meiklejohn, Reg. No. 35,283	John Freeman, Reg. No. 29, 066

Address all telephone calls to WILLIAM J. HONE at telephone number (212) 765-5070.

Address all correspondence to WILLIAM J. HONE at:

FISH & RICHARDSON P.C.
45 Rockefeller Plaza, Suite 2800
New York, New York 10111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: MARIA LAURA GENNARO

Inventor's Signature: _____ Date: _____
Residence Address: New York, NY
Citizenship: Italy.
Post Office Address: 25 Central Park West
Apt. 11-T
New York, NY 10023

Full Name of Inventor: MANUEL J. GOMEZ

Inventor's Signature: _____ Date: _____
Residence Address: Jersey City, New Jersey
Citizenship: U.S.A.
Post Office Address: 55 River Drive South
Apt. 204
Jersey City, New Jersey 07310
United States of America